



CITY OF CARLSBAD

# Request for Public Records

Date:

Name:

Address:

City:

Contact Phone:

E-mail Address:

Type of Request:

Copies will be provided for a fee. If you would like your records mailed, a postage fee will be added to the total due.

Records  
Requested:  
(Please be  
specific)

**City Hall**

**Office of the City Clerk** 1200 Carlsbad Village Drive | Carlsbad, CA92008 | 760-434-2808 t | [clerk@carlsbadca.gov](mailto:clerk@carlsbadca.gov)